Rec'd PST/PTO 1 6 MAY 2005

KB-P2134US

Rev. 5/30/01

Effective March 1998

DECLARATION AND POWER OF ATTORNEY FOR U.S. PATENT APPLICATION

(X) Orig	ginal () Supplemental	() Substitute () PCT	() Design	
As a below named inveto my name; that I verily believe that I am inventor (if plural inventors are named below.	entor, I hereby declare tha the original, first and solo ow) of the subject matter v	e inventor (if only	one name	is listed below) or an ori;	ginal, first and joint
Title: DIAGNOSIS OF GLAUCOML	A BY COMPLEX AU	TOANTIBODY	REPER	RTOIRES IN BODY	FLUIDS
of which is described and claimed in: () the attached specification, or () the specification in the application Ser and with amendments through () the specification in International Appl on (if applicable). I hereby state that I have reviewed and uncamendment(s) referred to above. I acknowledge my duty to disclose to the P Title 37, Code of Federal Regulations, 'I hereby claim priority benefits under Title patent or inventor's certificate listed below before that of the application on which pri	derstand the content of the atent and Trademark Office. 35, United States Code, and have also identified by	e above-identified states all information k	specificati nown to n	03, and as amended on, including the claims, ne to be material to patent ation is for a Design) of a	ability as defined in
COUNTRY	APPLICATION NO.		D	ATE OF FILING	PRIORITY CLAIMED
EP _	02023332.6		18 October 2002		yes
I hereby claim the benefit under Title 35, Unatter of each of the claims of this appli paragraph of Title 35, United States Code Code of Federal Regulations, 11.56 which date of this application.	cation is not disclosed in 112, I acknowledge the d	the prior United S luty to disclose info	States appormation n	lication in the manner p naterial to patentability as	rovided by the first defined in Title 37,
APPLICATION SERIAL NO.	ATION SERIAL NO. U.S. FILING DATE			STATUS: PATENTED, PENDING, ABANDONED	
•	its, Reg. No. 33,142; and 2, as well as any other atte the U.S. Patent and Trade ttorneys and agents	Michael S. Hupper orneys and agents a mark Office conne named herein	rt, Reg. No associated ected there to ac	o. 40,268, who together co with Customer No. 0005 with.	onstitute the firm of 13, to prosecute this instructions from action to be taken in
the U.S. Patent and Trademark Office regarevent of a change in the persons from who	rding this application wit om instructions may be tal	hout direct commu ken, the U.S. attorn	nication b	etween the U.S. attorney d herein will be so notifi	s and myself. In the ed by me.

KB-P2134US

Address

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2033 K. Street, N.W., Suite 800
Wasnington, O.C. 20006-1021 Phone:(202) 721-8200 Fax:(202) 721-8250 SECOND CIVEN NAME FAMILY NAME FIRST GIVEN NAME Full Name of GRUS Franz First Inventor COUNTRY OF CITIZENSHIP STATE OR COUNTRY Residence & Germany Germany / Mainz Citizenship STATE OR COUNTRY ZIP CODE Post Office 55218 Mainz Mühlweg 40 Germany Address FIRST GIVEN NAME SECOND GIVEN NAME FAMILY NAME Full Name of **JOACHIM** Stephanie Second Inventor COUNTRY OF CITIZENSHIP STATE OR COUNTRY CITY Residence & Germany Germany , Bodolz Citizenship STATE OR COUNTRY ZIP CODE ADDRESS **Post Office** 88131 Im Höfle 1 Bodolz Germany Address FIRST CIVEN NAME SECOND GIVEN NAME FAMILY NAME Full Name of **PFEIFFER** Norbert Third Inventor COUNTRY OF CITIZENSHIP STATE OR COUNTRY Residence & Germany Mainz ·Germany Citizenship STATE OR COUNTRY ZIP CODE CITY ADDRESS Post Office Mainz Germany 55131 Annabergstrasse 64 Address FIRST GIVEN NAME SECOND GIVEN NAME FAMILY NAME **Full Name of** Fourth Inventor STATE OR COUNTRY COUNTRY OF CITIZENSHIP CITY Residence & Citizenship STATE OR COUNTRY ZIP CODE ADDRESS CITY Post Office Address SECOND GIVEN NAME FAMILY NAME FIRST GIVEN NAME Full Name of Fifth Inventor STATE OR COUNTRY COUNTRY OF CITIZENSHIP CITY Residence & Citizenship STATE OR COUNTRY ZIP CODE ADDRESS CTTY Post Office Address FIRST GIVEN NAME SECOND GIVEN NAME FAMILY NAME Full Name of Sixth Inventor COUNTRY OF CITIZENSHIP STATE OR COUNTRY CITY Residence & Citizenship STATE OR COUNTRY ZIP CODE ADDRESS CITY Post Office

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I further declare that all statements made herein of my own knowledge are true, and that all statements on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

[]			
1st Inventor	Date		
Franz GRUS			
2nd Inventor Stephenic T.	Date 4/5/05		
Stephanie JAOCHIM			
3rd Inventor W. J. A. A.	Date 10.04.05		
Norbert PFEIFFER			
4th Inventor	Date		
5th Inventor	Date		
The above application may be more particularly identified as follows:			
U.S. Application Serial No.	Filing Date		
Applicant Reference Number	Atty Docket No.		
Fitle of Invention			